



**DEPARTMENT OF SOCIAL SERVICES**  
ECONOMIC ASSISTANCE

Date \_\_\_\_\_

RE: Enclosed Information Request

Dear \_\_\_\_\_

With reform efforts over the last few years placing more emphasis on work, our programs have increased responsibility in 2 areas:

- To help those adults who are able to work become employed and/or stay employed; and
- To accurately reflect income received by individuals on our programs or risk a possible financial sanction against the State.

Through the coordinated efforts of Social Services and Job Services, we help people find and keep employment. We try our best to help individuals get a good start in their new job. For those who are employed and still eligible for our programs, our assistance may relieve some stress and pressure the individual or family is experiencing.

If a person does not cooperate with the goal of employment and voluntarily reduces their hours, quits, or does something to cause the termination of their job, a penalty may be applied against that individual. If you are uncomfortable providing the reason for the termination, we ask you to do one of the following:

- If caused by the individual, please write "termination for cause"
  - i.e.: Individual quit, failed to show up for work, fired for cause, etc.
- If not caused by the individual, please write "not employee's fault"
  - i.e.: Individual laid off; work was only temporary; could not do the job, etc.

This individual has agreed to have you release information to us through either their signature at the top of the Wage Verification Form (reverse side) or on an attached "Authorization to Release Information" form. The information may be returned in the enclosed stamped, self-addressed envelope or by faxing it to our office if there is a number listed above.

Please feel free to contact me if you have any questions. Thank you for your anticipated cooperation.

Sincerely,

Economic Assistance Caseworker



# WAGE VERIFICATION

I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE DEPARTMENT OF SOCIAL SERVICES.

(EMPLOYEE'S SIGNATURE)

PLEASE COMPLETE ALL SECTIONS CHECKED FOR

EMPLOYEE NAME/SOCIAL SECURITY NUMBER

☐ 1. He/she received the following earnings for the time frame \_\_\_\_\_ through \_\_\_\_\_

☐ Please submit payroll records, computer printouts, prints of computer screens, or copies of the pay stubs.

☐ Date **RECEIVED** by Employee \_\_\_\_\_

☐ **GROSS** Earnings \_\_\_\_\_

☐ ..TIPS – list only if not in gross \_\_\_\_\_

☐ Child Support Deducted \_\_\_\_\_

☐ Hours Worked \_\_\_\_\_

☐ **NET** Earnings \_\_\_\_\_

☐ 2. Employment began on \_\_\_\_/\_\_\_\_/\_\_\_\_ First pay received or to be received \_\_\_\_/\_\_\_\_/\_\_\_\_.

Pay checks: received on \_\_\_\_\_ (day of week)

paid: (circle one): Weekly Bi-weekly Twice a Month Monthly Other \_\_\_\_\_

He/she will work approximately \_\_\_\_\_ hours per week at \$\_\_\_\_\_ per hour.

Is this under WIA? \_\_\_\_ yes \_\_\_\_ no

Is this graduate assistantship or stipend? \_\_\_\_ yes \_\_\_\_ no

☐ 3. Do you anticipate any increases or decreases in hours or pay? \_\_\_\_ yes \_\_\_\_ no If yes, please explain:

If hours were reduced, did the employee cause the reduction? \_\_\_\_ yes \_\_\_\_ no

Did he/she refuse increased hours? \_\_\_\_ yes \_\_\_\_ no

☐ 4. For employment that has been terminated:

- last date of employment was \_\_\_\_/\_\_\_\_/\_\_\_\_.

- last check was or will be received on \_\_\_\_/\_\_\_\_/\_\_\_\_ for Gross Amount \$\_\_\_\_\_.

Will the employee receive any other compensation such as vacation or severance pay, 401K, retirement, bonus, etc.? \_\_\_\_ yes \_\_\_\_ no If yes, \$\_\_\_\_\_ gross amount and \_\_\_\_/\_\_\_\_/\_\_\_\_ date available.

Reason for termination of the job (see letter/reverse side): \_\_\_\_\_

If the termination was a layoff or temporary suspension, please indicate date you anticipate calling the employee back to work \_\_\_\_\_

The above information is provided by:

Signature and Title of the Individual Completing this Form

Date

Please print your name and the name of the business

Business Telephone

THANK YOU FOR YOUR ASSISTANCE